

APPENDIX E

THE GENEVA CONVENTIONS**E-1. Historical Perspectives of the Law of War**

a. The conduct of armed hostilities on land is regulated by the Law of Land Warfare which is both written and unwritten (see DA Pam 27-1 and FM 27-10). It is inspired by the desire to diminish the evils of war by—

(1) Protecting both combatants and noncombatants from unnecessary suffering.

(2) Safeguarding certain fundamental human rights of persons who fall into the hands of the enemy, particularly prisoners of war (POW), the wounded and sick, and civilians.

(3) Facilitating the restoration of peace.

b. The basic principles of the law of war are—

(1) *Prohibitory effect.* The law of war places limits on the exercise of a belligerent's power in the interest mentioned above. It prohibits belligerents from employing excessive violence or force that is not necessary to accomplish the military objective or advantage. Application of the basic principles requires the decision maker to balance the use of force with unnecessary suffering. Specifically, the loss of life and damage to property incidental to military action must not be excessive in relation to the concrete and direct military advantage expected to be gained.

NOTE

The prohibitory effect of the law of war is not minimized by “military necessity.” Military necessity has been defined as that principle which justifies those measures not forbidden by international law which are indispensable for securing the complete submission of the enemy as soon as possible.

(2) *Binding on states and individuals.* The law of war is binding not only upon states as such, but also upon individuals and, in particular, the members of their armed forces.

c. The principle sources of the law of war are—

(1) *Conventional law.* Contractual obligations between two nations (or high contracting) in the form of treaties, that binds each of its terms.

(2) *Customary international law.* Body of written and unwritten rules recognized and practiced by nations that requires individual compulsion and legal obligation to proscribe behavior.

E-2. Protected Personnel and Geneva—Wounded and Sick Emblems

a. Protected personnel under Geneva—Wounded and Sick (GWS) include—

- (1) Army Medical Department personnel exclusively engaged in the—
 - Search for or collection, transport, or treatment of the wounded or sick.
 - Prevention of disease.
 - Administration of medical units and establishments.
 - Veterinary staff functions relating to the administration of medical units and establishments.
 - (2) Non-AMEDD personnel while assigned to AMEDD units (less veterinary units).
 - (3) Chaplains.
- b.* Each protected individual must—
- (1) Carry a special water-resistant, pocket-size identity card (DD Form 1934) which—
 - Bears the red cross on a white background.
 - Is worded in the national language of the issuing force.
 - Contains the surname and first name, date of birth, rank, social security number, protected capacity serving, photograph, signature, and/or fingerprints of carrier.
 - Is embossed with the stamp of the appropriate military authority (AR 600-8-14).
 - (2) Wear on the left arm a water-resistant armlet bearing the red cross emblem of the Geneva Conventions.

This paragraph implements STANAGs 2027 and 2931 and QSTAG 512.

- c.* The GWS emblems and the protection afforded with use of the emblems are as follows:
- (1) Identification of medical units, facilities, and vehicles under GWS.
 - Heraldic emblem of the red cross on a white background.
 - Red Crescent (Turkey).

- The Red Lion and Sun (Iran).
- Red Shield of David (Israel).

NOTE

Camouflage of the GWS emblem is authorized on medical facilities (medical units, medical vehicles, and medical aircraft on the ground) when the lack of camouflage might compromise tactical operations. The camouflage of medical facilities may be ordered by a NATO commander of at least brigade level or equivalent. Such an order is temporary and local in nature and is countermanded as soon as circumstances permit. Camouflage of the red cross means covering it up or taking it down. The black cross on an olive background is not a recognized emblem of the GWS.

(2) The GWS protects from attack any medical vehicle appropriately marked and exclusively employed for—

- The evacuation of the sick and wounded.
- The transportation of medical personnel and equipment.

(3) The GWS prohibits the use of medical vehicles for transporting nonmedical troops and equipment.

E-3. Medical Aircraft

a. Treaty Provision. Aircraft exclusively employed for the removal of wounded and sick and for the transport of medical personnel and equipment—

- Shall not be attacked, but shall be respected by the belligerents, while flying at heights, times, and on routes specifically agreed upon between the belligerents concerned.
- Shall bear, clearly marked, the distinctive emblem prescribed in Article 38, together with their national colors, on their lower, upper, and lateral surfaces. They shall be provided with any other markings or means of identification that may be agreed upon between the belligerents upon the outbreak or during the course of hostilities.
- Unless agreed otherwise, are prohibited from flying over enemy or enemy occupied territory.
- Shall obey every summons to land. In the event of landing thus imposed, the aircraft with its occupants may continue its flight after examination.

- In the event of a landing, occupants will permit an inspection of the aircraft for the purpose of confirming that the aircraft is not abusing its protected status. After the inspection, the aircraft with occupants may continue its flight.

b. Converted Aircraft. There is no objection to converting ordinary aircraft into medical aircraft or to using former medical aircraft for other purposes, provided the distinctive markings are removed.

E-4. Self-Defense

a. All personnel have an inherent right to self-defense.

b. Use of arms for personal defense and for the protection of the wounded and sick under their charge against marauders and other personnel violating the law of war is considered self-/patient defense.

c. Medical personnel may not employ such arms against enemy forces acting in conformity with the law of war.

d. Medical personnel who use their arms in circumstances not justified by the law of war expose themselves to penalties for violation of the law of war. Provided they have been given due warning to cease such acts, they may also forfeit the protection of the medical unit or establishment of which they form a part, or which they are protecting.

E-5. Captured United States Medical Personnel

Medical personnel who become captured are not considered POW but retained personnel, unless in the event of a medical aircraft involuntarily landing in enemy or enemy-occupied territory. In this instance, the wounded and sick, as well as the crew of the aircraft, shall be POW.

E-6. Captured Medical Supplies and Equipment

Because medical supplies and equipment captured from the enemy are considered neutral and protected, they are not to be intentionally destroyed. If these items are considered unfit for use, or if they are not needed for US and allied forces, noncombatants, or EPW patients, they may be abandoned for enemy use. Since captured medical personnel are familiar with their medical supplies and equipment, the captured items are especially valuable in the treatment of EPW. Use of these captured items for EPW and the indigenous population helps to conserve other medical supplies and equipment. When the capture of US medical supplies and equipment by enemy forces is imminent, these items are not to be purposely destroyed. Every attempt must be made to evacuate them. Those items that cannot be evacuated should be abandoned; however, such abandonment is a command decision.

E-7. Medical Treatment for Enemy Prisoners of War and Civilians

a. Enemy Prisoners of War.

(1) Military police and medical units jointly exercise responsibilities for the custody and treatment of the sick, injured or wounded enemy personnel and detained civilian personnel.

(2) Sick, injured, or wounded prisoners are treated and evacuated through normal medical channels but are physically segregated from US and allied patients.

(3) They are guarded by persons other than medical personnel, normally military police.

(4) Evacuation of POW patients from the combat zone is initiated as soon as their medical conditions permit.

(5) Enemy medical personnel are considered retained personnel rather than POW. They are employed to the maximum extent possible in such CHS duties as caring for POW patients, preferably those of their own armed forces.

b. Medical Treatment of Civilians.

(1) When the US is the occupying power, US forces have the responsibility to ensure that all civilian and refugee subsistence and health service needs are provided.

(2) Sick or injured civilian persons resulting from military operations are provided initial medical treatment, as required, in conformance with established theater policies; they are then transferred to appropriate civil control authorities as soon as possible.

(3) When such persons are evacuated, proper accommodations must be provided, including satisfactory conditions of hygiene, health, safety, and nutrition.

E-8. Geneva—Wounded and Sick Violations and Possible Consequences

a. Violations of GWS include—

- Making medical treatment decisions for the wounded and sick on any basis other than medical priority, urgency, or severity of the wounds.
- Allowing the interrogation of enemy wounded or sick even though medically contraindicated.
- Allowing anyone to kill, torture, mistreat, or in any way harm a wounded or sick enemy soldier.
- Marking nonmedical unit facilities or vehicles with the red cross, or making any other unlawful use of the red cross emblem.

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- Using medical vehicles marked with distinctive Geneva emblems for transporting nonmedical troops and equipment/supplies, or using medical vehicles as a TOC.
- Using medical personnel to man any offensive-type weapons or weapon system; placing mines in and around medical units.
- Using the site of a medical unit as an observation post, a fuel dump, or to store arms or ammunition for combat.

NOTE

If the local non-AMEDD commander situates a medical unit where enemy attacks may imperil its safety, then that commander should provide adequate protection for the medical unit and its personnel.

b. Possible consequences of violations of GWS include—

- Loss of protected status for the medical unit and medical personnel.
- Medical facilities/units attacked and destroyed by the enemy.
- Medical personnel being considered POW rather than retained personnel when captured.
- Decrementing CHS capabilities.
- Criminal prosecution for war crimes.
- Reprisals taken against our wounded in the hands of the enemy.

E-9. The 1977 Protocols to the Geneva Conventions

Amendments to the GWS have been ratified by some of our allies and potential adversaries. The US representatives to the diplomatic conference signed these amendments, but our government has not officially ratified them.